

**QUALIFIED INSPECTOR'S CERTIFICATE OF ILLEGAL DRUG LAB CLEANUP**

State Form 53276 (R2 / 1-11)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

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- INSTRUCTIONS:**
1. Fill in all requested information using the check boxes and text fields provided. Provide testing information where required.
  2. Give the signed original to the property owner.
  3. Provide a copy of the completed form to the local health department along with any additional information they require.
  4. Send copies of the completed form to ISDH Environmental Public Health Division and IDEM Office of Legal Counsel.
  5. If you have questions about this form call 317-233-1655.

**Property information:**

Street address (number and street) (include apartment, unit or room number if applicable): 1814 N. Market Street		City or town: Kokomo 46901	County: Howard
Property Type:	<input type="checkbox"/> Single family dwelling <input checked="" type="checkbox"/> Multiple family dwelling <input type="checkbox"/> Hotel, motel or other lodging <input type="checkbox"/> Mobile home		
<input type="checkbox"/> Other (describe):			
Indiana State Police Methamphetamine Laboratory Occurrence Report	Case number: 16F20827	Date (month, day, year): August 8, 2011	

**Cleanup information:**

Cleanup method used (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Cleared by initial testing (testing required)   | <input type="checkbox"/> Demolition of structure or disposal of mobile home |
| <input checked="" type="checkbox"/> Decontamination (testing required)   | <input type="checkbox"/> Removal of all potentially contaminated materials  |
| <input type="checkbox"/> Combination of decontamination and removal of potentially contaminated materials (testing required) |   |

Cleanup narrative:

1. Ventilation of residence prior to and during remediation activities
2. Removal of all potentially contaminated materials.
3. Removal of carpet and underlayment.
4. Cleaning of all contaminated surfaces using a triple-wash method.
5. Removal of all flex ductwork.
6. Cleaning of the HVAC system.
7. A single wash of ALL surfaces.
8. HEPA Vacuum all surfaces
9. Encapsulation of the subfloor and walls.

Disposal site(s):

National Serv-All Landfill  
5000 Smith Road  
Fort Wayne IN, 46804  
(260) 436-1932

**Final confirmation testing:**

Testing was required for this cleanup: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Controlled substance tested for: <input checked="" type="checkbox"/> d-methamphetamine <input type="checkbox"/> Other:
Date of sampling (month, day, year): September 26, 2011	
Name of analytical laboratory: ALS Laboratory Group	Highest level observed: 0.035 µg/100 cm <sup>2</sup>
Address of analytical laboratory (number and street, city, state, and ZIP code): 960 West LeVoy Dr. Salt Lake City, UT 84123	Location of highest level: HVAC
Lab contact: Frank Smith	Analytical method used: <input type="checkbox"/> EPA (SW-846) Method 8270C/D <input type="checkbox"/> NIOSH 9111 DRAFT <input checked="" type="checkbox"/> NIOSH 9106 <input type="checkbox"/> Other:
Telephone number:  (800) 356 - 9135	

**Certification of cleanup:**

"I am listed by the Indiana Department of Environmental Management to inspect and clean up properties contaminated with chemicals used in the illegal manufacture of a controlled substance under 318 IAC 1, and my listing was effective on the date this certificate was signed. I have cleaned or supervised cleaning of the property described above as required by 318 IAC 1. I certify that the property described above met all applicable decontamination levels listed in 318 IAC 1-5 at the time of sampling if sampling was required, and that all work required by 318 IAC 1 was performed. I certify, under penalty of perjury as provided in IC 35-44-2-1, that to the best of my knowledge this information is true and accurate."